


9337 MOUNTAIN AIRE CR

03111319

6/3/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

8123 — PD #50.00 3/17/94 ck.#1103 — CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

**PERSON FILING APPLICATION:**
NAME: Dennis (last) Michael (first) (mi)
ADDRESS: 1320 EAGLES LANDING PHONE: (__) 394-5215
CITY: CLT STATE: NC ZIPCODE: 28214

Date:

**PROPERTY OWNER:**
NAME: WENDELL (last) BARTLETT (first) (mi)
ADDRESS: 9337 MOUNTAIN AIR CIR PHONE: (__) 394-3418
CITY: STATE: ZIPCODE:

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**
TAX/PARCEL NUMBER: 031-113-19
STREET ADDRESS: 9337 MOUNTAIN AIR CIR
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

**TYPE APPLICATION (check one):**
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DECK
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

**RESIDENTIAL PROPERTY (Type Building, check one):**
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

**COMMERCIAL/INDUSTRIAL PROPERTY:**
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

**WATER SUPPLY (check one):**
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

**FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):**
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Michael Dennis Date: 3-17-94

**NOTICE:**

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...may use existing System

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Judy S. Kuss R.S. 3/24/94
Environmentalist Date

P. Walker for S. Daniel 3/24/94
Director or Authorized Section Head Date

WATER : 122791

8123

DATE 3-18-94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

031-113-19
PARCEL NUMBER

9337 Mountain Aire Cr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

**THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:**

| | | |
|---|---|---|
| **1. SUBDIVISION REGULATIONS** | **_____APPROVED** | **_____NOT APPROVED** |
| **2. FLOODWAY REGULATIONS** | **_____APPROVED** | **_____NOT APPROVED** |
| **3. WATERSHED PROTECTION** | **_____APPROVED** | **_____NOT APPROVED** |
| **4. COMMERCIAL DRAINAGE PLAN** | **_____APPROVED** | **_____NOT APPROVED** |
| **5. PUBLIC UTILITY EASEMENT** | **_____PRESENT** | **_____NOT PRESENT** |
| **6. PROPERTY FRONTS ON THOROUGHFARE** | **_____YES** | **_____NO** |
| **7. DRIVEWAY PERMIT REQUIRED** | **_____YES** | **_____NO** |
| **8. DOES PROJECT CONFLICT WITH ROAD PROJECT?** | **_____YES** | **_____NO** |

**REMARKS:** addition

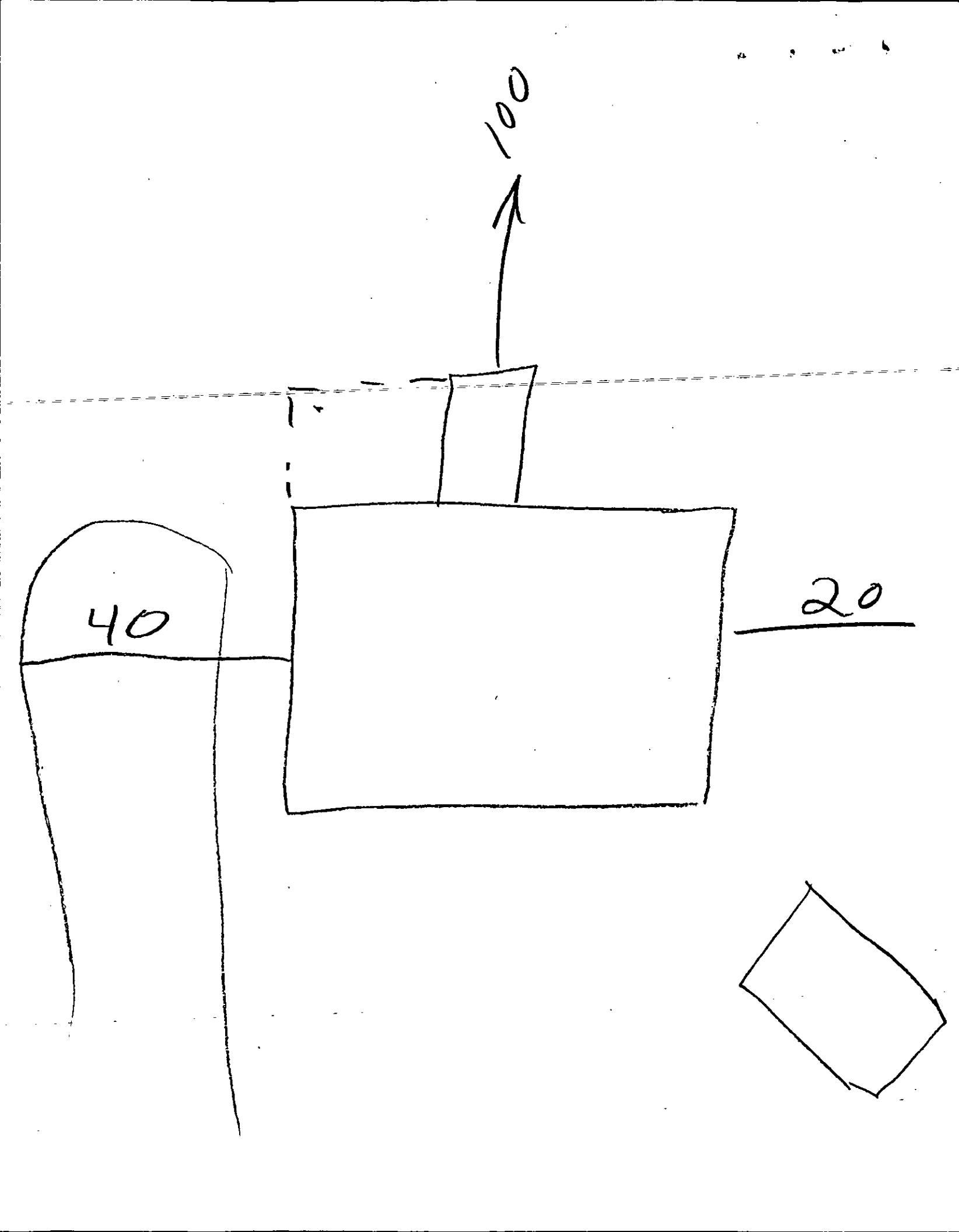
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: JCD

REVISED 1/91


100
40
20

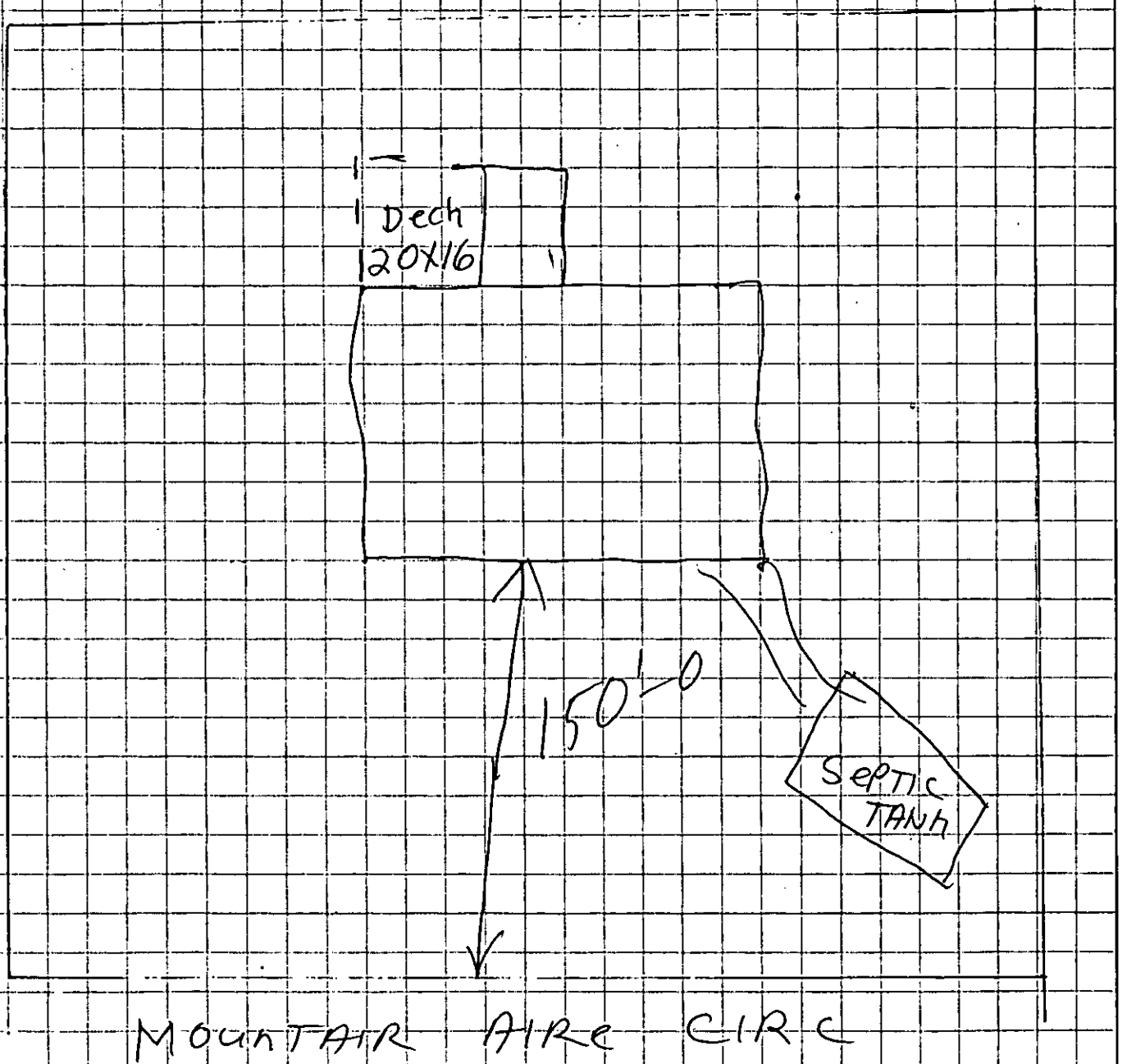
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8123

TC: 031-113-19

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

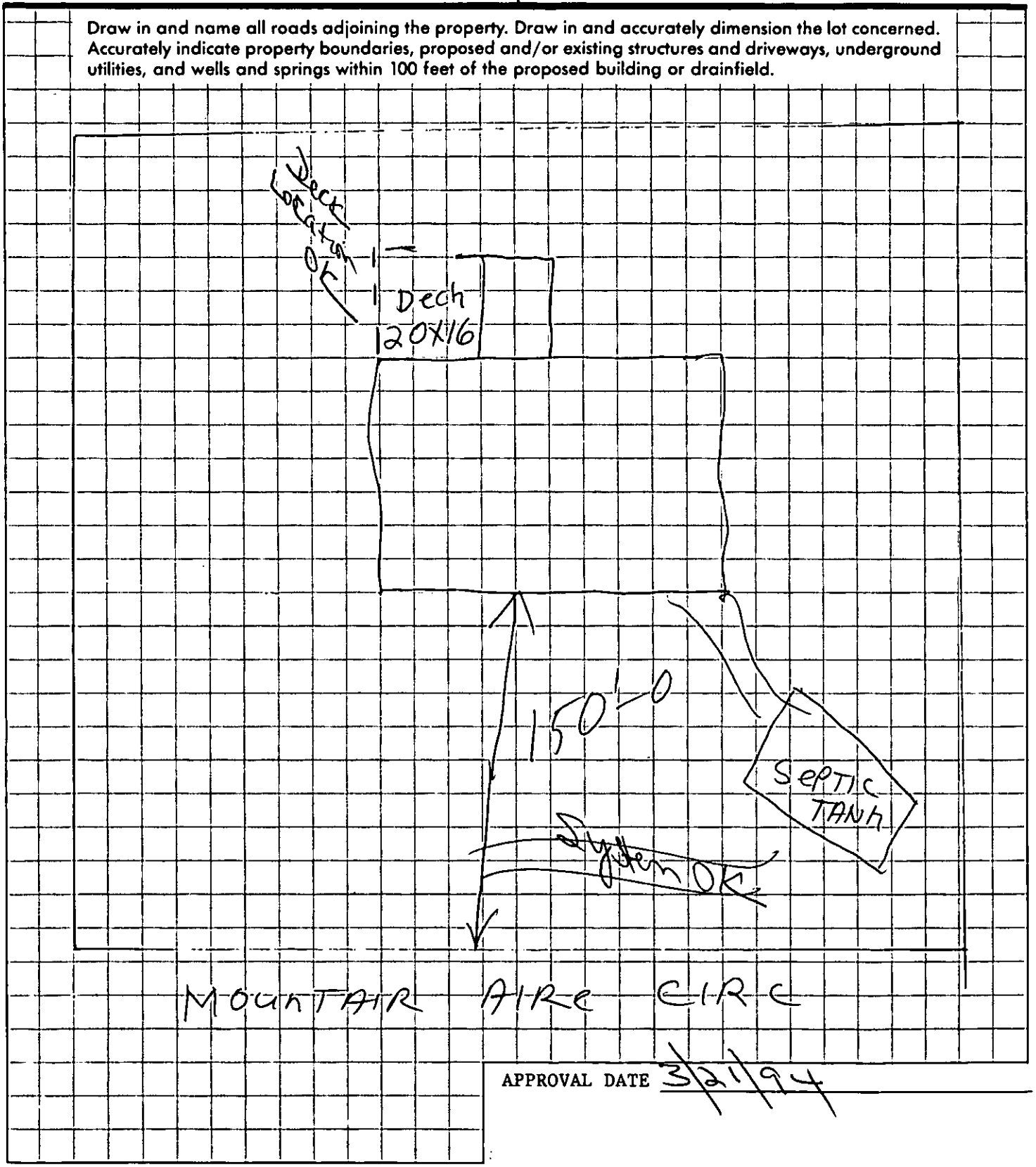
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APPROVAL DATE 3/21/94

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